Case 25-12569-djb Doc 9 Filed 07/02/25 Entered 07/02/25 15:45:30 Desc Main Document Page 1 of 3

Fill in this information to identify your case:				
Debtor 1	Karon	Angela	Simmons	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		Eastern District of Pennsylvania		
Case number (if known)	25-12569			

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
√1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
✓ 3. The commitment period is 3 years.
$\square$ 4. The commitment period is 5 years.
☐ Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	Part 1: Calculate Your Average Monthly Income						
1.	1. What is your marital and filing status? Check one only.  Not married. Fill out Column A, lines 2-11.  Married. Fill out both Columns A and B, lines 2-11.						
va ex	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.						
					Column A Debtor 1	Column B  Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	ommissions (befo	ore all		\$3,088.27		
Alimony and maintenance payments. Do not include payments from a spouse.					\$0.00		
4.	All amounts from any source which are regularly paid for your dependents, including child support. Include regular unmarried partner, members of your household, your dependent roommates. Do not include payments from a spouse. Do not on line 3.	contributions from	m an and	r	\$0.00		
5.	Net income from operating a business, profession, or farm						
	Gross receipts (before all deductions)	Debtor 1 \$0.00	Debtor 2 \$0.00				
	Ordinary and necessary operating expenses	\$0.00 -	\$0.00				
	Net monthly income from a business, profession, or farm	\$0.00	70.00	Copy here –	\$ <b>0.00</b>		
6.	Net income from rental and other real property	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses	\$0.00	\$0.00				
	Net monthly income from rental or other real property	\$0.00	¥0.00	Copy here –	\$0.00		

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First Name Misses Last Name Last Name Column A Debtor 1 or Debtor 2 or non-filling spouse 5.0.00  7. Interest, dividends, and royalties 5.0.00  8. Unemployment compensation 5.0.00  8. Unemployment compensation 5.0.00  For your spouse. 5.0.00  9. Pension or reterement income. Do not include any amount received was a benefit under the Social Security Act. Instead, list if here: 5.0.00  9. Pension or reterement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, amounty or allowance paid by the United was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, amounty or allowance paid by the United counter any provision of title 10 other than chapter 61 of the title control of a member of the uniformed services. If you will not exceed the amount of relieved by the Vinited under any provision of title 10 other than chapter 61 of that title.  10. Incomer from all other sources not listed above. Seedly the source and amount. Do not include any benefits received under the Social Security Act, payments received as a victim of a war crine, a crine and sent sent listed above. Seedly the sources and amount. Do not include any benefits received under the Social Security Act, payments received as a victim of a war crine, a crine and sent burst pay or disbullity, or disbullity, or disbulling or d	Debtor 1	Karon	Angela	Simmons	Case r	number (if known) 25-12	569
7. Interest, dividends, and royalties  8. Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you.  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Instead, list it here:  For you reposses.  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Instead, list it here:  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Box, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Soverment in comnection with a disability, cordistriction of a member of the 10 bit benefit and the services and the services and the services and the services and services and amount. Do not include any provision of title 10 other than chapter 61 of that title.  10 Income from all other sources not listed above, Spockly the Social Socially, Act payments received as a victim of a war crime, a crime against humanity or international control includes any benefits received with the services. If necessary, list other sources on a separate page and put the total below.  10 Includes your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  12. Copy your total average monthly income from line 11.  13. Calculate the marital adjustment. Check one:  14. You are married and your spouse is filling with you. Fill in 0 below.  15. You are married and your spouse is filling with you. Fill in 0 below.  16. You are married and your spouse is filling with you. Fill in 0 below.  17. You are married and your spouse is filling with you. Fill in 0 below		First Name	Middle Name	Last Name			
8. Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:						Debtor 2 or	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list if here:	7. Interest,	dividends, and royal	ties		\$0.00		_
the Social Security Act. Instead, list if here:  For you	8. Unemplo	oyment compensatio	n		\$0.00	)	
For your spouse	Do not er	nter the amount if you	contend that the amou	unt received was a benefit ur	nder		_
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not include any benefits received under the Social Security Act; payments received as a victim of awar crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.    Total amounts from separate pages, if any.	under the include a States Godeath of a under charge and the exceed the include the include and the include an	e Social Security Act. any compensation, per covernment in connect a member of the unif- capter 61 of title 10, the he amount of retired	Also, except as stated nsion, pay, annuity, or a tion with a disability, coormed services. If you len include that pay onloay to which you would	in the next sentence, do not allowance paid by the United mbat-related injury or disabil received any retired pay paid y to the extent that it does no otherwise be entitled if retire	l lity, or I		_
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Part 2: Determine How to Measure Your Deductions from Income  12. Copy your total average monthly income from line 11					\$3,088.27	+	Total average
12. Copy your total average monthly income from line 11. \$3,088.27  13. Calculate the marital adjustment. Check one:  ☑ You are not married. Fill in 0 below.  ☐ You are married and your spouse is filing with you. Fill in 0 below.  ☐ You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.  — \$0.00  Copy here. → \$0.00	Part 2: De	etermine How to N	Aeasure Your Dedu	ctions from Income			monthly income
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Total Copy here.	If this a	adjustment does not a	apply, enter 0 below.				
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Total Copy here.							
Total Copy here.					+		
14. Your current monthly income. Subtract the total in line 13 from line 12.	Total				\$0.00 Co	py here. $ ightarrow$	\$0.00
	14 Vour ou	irrent monthly incom	A Subtract the total in	line 13 from line 12			\$2,000,27

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Debtor 1	Karon	Angela	Simmons	Case number (if known) 25-12569
	First Name	Middle Name	Last Name	
15. Calculate	your current mon	thly income for the yea	r. Follow these steps:	
15a. Co	py line 14 here $\longrightarrow$ .			\$3,088.2
Mul	tiply line 15a by 12	(the number of months	in a year).	<b>x</b> 12
15b. The	e result is your curre	ent monthly income for	the year for this part of the	form
16. Calculate	the median family	income that applies to	you. Follow these steps:	
	in the state in which			sylvania
16b. Fill	in the number of pe	eople in your household		2
16c Fill	in the median famil	v income for your state	and size of household	
To f	ind a list of applicab	le median income amo		nk specified in the separate
17. <b>How do t</b>	he lines compare?			
17a. <b>⊻</b>	Line 15b is less t	han or equal to line 16c	. On the top of page 1 of the	nis form, check box 1, Disposable income is not determined under 11
_	U.S.C. § 1325(b)	(3). <b>Go to Part 3.</b> Do No	OT fill out Calculation of Yo	ur Disposable Income (Official Form 122C–2).
17b. <b>└</b>	1325(b)(3). Go to		culation of Your Disposab	neck box 2, Disposable income is determined under 11 U.S.C. §  e Income (Official Form 122C-2). On line 39 of that form, copy your
Part 3: Cald	culate Your Com	ımitment Period Ur	nder 11 U.S.C. §1325(k	0)(4)
18. <b>Copy you</b>	ur total average mo	nthly income from line	11	\$3,088.2
calculatin				not filing with you, and you contend that deduct part of your spouse's income, copy the
19a. If the	marital adjustment	does not apply, fill in 0	on line 19a	\$0.0
19b. <b>Subt</b>	ract line 19a from li	ne 18.		\$3,088.27
20. Calculate	your current mon	thly income for the yea	r. Follow these steps.	
20a. Copy	ine 19b			\$3,088.2
		er of months in a year).		x 12
20b. The re	esult is your current	monthly income for the	year for this part of the for	m\$37,059.24
20c. Copy t	the median family in	come for your state and	d size of household from lin	ne 16c
21. <b>How do t</b>	he lines compare?			
Line 20	Ob is less than line 2 mmitment period is	Oc. Unless otherwise o 3 years. Go to Part 4.	rdered by the court, on the	top of page 1 of this form, check box 3,
		qual to line 20c. Unless nent period is 5 years. (		court, on the top of page 1 of this form,
Part 4: Sign	n Below			
By signing	here, under penalt	y of perjury I declare that	at the information on this s	atement and in any attachments is true and correct.
<b>X</b> /s	s/ Karon Angela	Simmons		
_	nature of Debtor 1	Similions		
	•			
Da	te 07/02/2025 MM/ DD/ YYYY	<del></del>		
	22/ 1111			
-		ill out or file Form 122C		
It you che	cked 1/b, fill out Fo	rm 122C–2 and file it w	ith this form. On line 39 of	that form, copy your current monthly income from line 14 above.